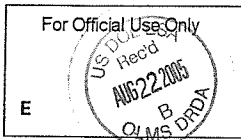


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10732</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>GARY</u> <u>L</u> <u>CLARK</u> P.O. Box, Bldg., Room No., if any Street <u>703 So B Street</u> City <u>SAN MATEO CA</u> State <u>CA</u> ZIP Code + 4 <u>94401</u>	4. Name, file number, and address of labor organization. Name <u>OPCMIA Local 300</u> Labor Organization File Number <u>540512</u> P.O. Box, Building and Room Number, if any Street <u>703 So B Street</u> City <u>SAN MATEO</u> State <u>CA</u> ZIP Code + 4 <u>94401</u>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>No CA Cement MASONS JATC</u> Trade Name, if any: <u>CEMENT MASONS</u> P.O. Box, Bldg., Room No., if any Street <u>2350 SANTA RITA ROAD</u> City <u>PLEASANTON</u> State <u>CA</u> ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. <u>Lunchon Reimbursement</u> 7.b. Amount. <u>\$154.¹²</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

08/15/05
Date

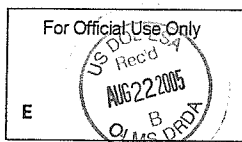
559-251-8259
Telephone Number

FORM LM-30

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Form approved
Office of Management
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No. 1215-0188
Expires 11-30-2006

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> / <input type="text"/> / <input type="text"/> Through: <input type="text"/> / <input type="text"/> / <input type="text"/>
3. Name and address of person filing. Name <input type="text"/> <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	4. Name, file number, and address of labor organization. Name <input type="text"/> Labor Organization File Number <u>340572</u> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>
5. Position in labor organization. <input type="text"/>	

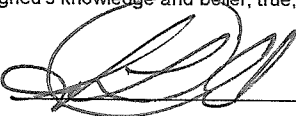
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>No CA PLASTERERS SATC</u> Trade Name, if any: <u>PLASTERERS</u> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <u>1555 Overland Court</u> City <u>SACRAMENTO</u> State <u>CA</u> ZIP Code + 4 <u>95691</u>	7.a. Nature of Interest, Transaction, or Income. <u>MEETING Reimbursements</u> 7.b. Amount. <u>\$175.00</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

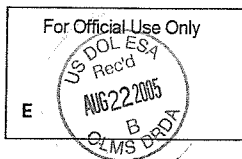
8/15/05
Date

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Telephone Number

FORM LM-30

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1. File Number U - <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> / <input type="text"/> / <input type="text"/> Through: <input type="text"/> / <input type="text"/> / <input type="text"/>
3. Name and address of person filing. Name <input type="text"/> <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	4. Name, file number, and address of labor organization. Name <input type="text"/> Labor Organization File Number <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>
5. Position in labor organization. <input type="text"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>NO CA PLASTERERS Health & Welfare Trust</u> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any: <input type="text"/> Street <u>550 Howe Ave Ste 230</u> City <u>Sacramento</u> State <u>CA</u> ZIP Code + 4 <u>95825</u>	7.a. Nature of Interest, Transaction, or Income. <u>Expense Reimbursement</u> 7.b. Amount. <u>\$150.00</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8/15/05
Date

559-251-8259
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FORM LM-30

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3. Name and address of person filing. Name <input type="text"/> <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	4. Name, file number, and address of labor organization. Name <input type="text"/> Labor Organization File Number <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>
5. Position in labor organization. <input type="text"/>	

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6. Name and address of Employer (including trade name, if any). Name <u>DC. PLASTERERS JATC</u> Trade Name, if any: <u>PLASTERERS</u> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <u>1555 OVERLAND COURT</u> City <u>SACRAMENTO</u> State <u>CA</u> ZIP Code + 4 <u>95691</u>	7.a. Nature of Interest, Transaction, or Income. <u>Lunch Reimbursement</u> 7.b. Amount. <u>\$154.12</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8/15/05
Date

559-251-8259
Telephone Number